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CONFIRMATION NO. 7622

|  |   |                                   |   |  |                                 |
|--|---|-----------------------------------|---|--|---------------------------------|
| <b>SERIAL NUMBER</b><br>10/697,961   | <b>FILING OR 371(c) DATE</b><br>10/31/2003<br><b>RULE</b>   | <b>CLASS</b><br>709               | <b>GROUP ART UNIT</b><br>2109   | <b>ATTORNEY DOCKET NO.</b><br>1509-475 |                                 |
| <b>APPLICANTS</b><br>Wassim Haddad, Verdun Municipality, CANADA;<br><b>** CONTINUING DATA *****</b> <i>NONE</i><br><b>** FOREIGN APPLICATIONS *****</b> <i>UK</i><br>UNITED KINGDOM 0307925.8 04/05/2003<br><b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 02/02/2004</b>   |   |                                   |   |  |                                 |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met<br>Verified and Acknowledged <i>Allowance</i><br>Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i> |   | <b>STATE OR COUNTRY</b><br>CANADA | <b>SHEETS DRAWING</b><br>5  | <b>TOTAL CLAIMS</b><br>28              | <b>INDEPENDENT CLAIMS</b><br>10 |
| <b>ADDRESS</b><br>22879  |   |                                   |   |  |                                 |
| <b>TITLE</b><br>Apparatus and related methods for establishing a network connection  |   |                                   |   |  |                                 |
| <b>FILING FEE RECEIVED</b><br>1646   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                 |